S
Southeastern Oklahoma State University

Date Submitted:			
Name of NOMINEE:			
NOMINEE Phone Numb	pers		
Mobile:	Home:	Work:	
Year(s) Nominee Attendo			
SUBMITTED BY:			
Name of NOMINATOR:			
NOMINATOR ADDRES	S:		
CI	<b>[Y:</b>	STATE:	ZIP:
NOMINATOR Phone Nu	ımbers		
Mobile:	Home:	Work:	
NOMINATOR Email Ad	dress:		
Are you related to the nor	ninee? Yes No	If so, how?	

## NOMINEE BIOGRAPHICAL INFORMATION

Instructions: Please complete as much of the form as possible. This will ensure the committee will make a selection based on comparable information of all nominees.

Hometown: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_



# NOMINEE CAREER HISTORY

EMPLOYER(S)	POSITION(S)	YEAR(S)

# **PROFESSIONAL RECOGNITION AND AFFILIATIONS**

ORGANIZATION	LEVEL OF PARTICIPATION	YEARS AFFILIATED

# CIVIC AND HUMANITARIAN SERVICE

ORGANIZATION	LEVEL OF PARTICIPATION	YEARS AFFILIATED



#### HONORS AND AWARDS

ORGANIZATION	AWARD/HONOR	YEARS AFFILIATED

### SERVICE TO SOUTHEASTERN AND THE ALUMNI ASSOCIATION

ORGANIZATION	LEVEL OF PARTICIPATION	YEARS AFFILIATED

## **BRIEF BIO & INTRODUCTION (50 WORDS OR LESS)**



A complete nomination packet, completed by the nominator, shall be submitted to the Southeastern Oklahoma State University Alumni Office by April 30<sup>th</sup> each year.

A complete nomination packet includes the following:

- Nomination Form
- No fewer than three (3) letters of recommendation.
  One (1) letter of recommendation from the nominator is required, plus two (2) additional letters of recommendation. Additional letters are not required but are encouraged.
- Resume of Nominee

## **Return to:**

Office of Alumni Relations Attn: Mark Webb, Director of Alumni Relations Southeastern Oklahoma State University 425 West University Blvd. Durant, OK 74701

Or via email: <u>mwebb@se.edu</u>